

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09808238</u>	FILING DATE <u>03-15-01</u>		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/	/					51			
2	/	/					52			
3	/	/					53			
4	/	/					54			
5	/	/					55			
6	/	/					56			
7	/	/					57			
8	/	/					58			
9	/	/					59			
10	/	/					60			
11	/	/					61			
12	/	/					62			
13	/	/					63			
14	/	/					64			
15	/	/					65			
16	/	/					66			
17	/	/					67			
18	/	/					68			
19	/	/					69			
20	/	/					70			
21	/	/					71			
22	/	/					72			
23	/	/					73			
24	/	/					74			
25	/	/					75			
26	/	/					76			
27	/	/					77			
28	/	/					78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓	
TOTAL DEP.	3	←		←		←	TOTAL DEP.		←	
TOTAL CLAIMS	6						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS